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Pain Complaints of Patients Attending Oral Medicine Clinic

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Abstract

A survey was done among (460) patients attending Oral Medicine Clinic with an age (6-75) years. The most common type of pain complaints was orofacial pain (87.8%). This study had been performed to investigate the various type of orofacial pain complaints in (404) patients attending Oral Medicine Clinic.

It was found that most common type of orofacial pain complaints was dental pain, pain and swelling (85%) followed by pain/ restricted mouth opening, clicking, fatigue in masticatory system which was recorded (9.4%) of orofacial pain complainers with skewed sex distribution for female.

Burning mouth compliant was reported in (5.4%) of orofacial pain complainers with skewed sex distribution for male.

Patients accuracy in identifying source of pain was found in 100% patient with burning mouth complaints where as (86.8%) of patients with TMJ. Complain have a real problems in their. Masticatory system of those patients with dental pain. Pain and swelling (79.6%) have a real problem in their teeth or in their periodontium.

Introduction

Pain is unpleasant sensatation with certain degree of response. Pain is the most common symptom of disease or injury that comples patients to seek medical and dental advice and therapy. Acute orofacial pain accompanying acute pathological status in the teeth and associated structures is probably the most common pain in all the body. More over, the face and mouth represent frequent sites of chronic and referred pain.

The mechanism underlying acute, chronic orofacial pains, and the process, which account for the efficacy of various therapeutic procedures presently in the use for the controlling orofacial pain, have not been completely clarified. This is partly a reflection of multidimensional experience encompassing sensory discriminative, affective (emotional) cognitive and motivational dimension. It is also partly a reflection of dearth of investigation on orofacial pain mechanism until last decade [(1)].

Since pain is common symptom of dental and oral condition has an immediate and profound impact on the quality of every day life. This study had been undertaken to investigate patients attendance to Oral Medicine Clinic, patients chief complaints, distribution of the patients with orofacial pain according age and sex and patient accuracy in identifying the source of orofacial pain.

Materials and Methods

A survey was done to acquire information about patients attending

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Oral Medicine Clinic in College of Dentistry, University of Baghdad, during one year period. They were (460) patients, age range (6-75) years old. A mixture of city and other neighboring governorates with different socio-economic and educational levels, and some of patients were coming to the college as referred cases from other health centers.

The Oral Medicine Clinic was accepting patients with orofacial pain and those who came for interim treatment. Orofacial pain patients some of whom were treated in conventional manner and in a scheduled appointment after proper laboratory and radiographic investigations which had been done to them. These include oral lesions and tempormandibular disorders; however, emergency treatment had performed when pain was in acute state. Other patients with dental pain origin were mostly treated in emergency and temporary way; and were encouraged to seek for further dental care at suitable departments of the college as the case indicated to be completely resolved.

Personal and department information regarding chief complaint, present, past dental history, medical history was collected from each patient.

Examination was performed by using standard probes, mouth mirrors, and artificial light for illumination; examination and treatment plane then recorded. The data were registered in dental examination chart, the diagnosis of each complaint was based on signs and symptoms, dental and medical history, vital signs, radiographs and appropriate tests as outlined by Lockhart et al. [(2)]; Luc et al. [(3)] and Okeson [(4)] for dental pain, burning mouth syndrome and TMJ disorders respectively.

Results

Four hundred and sixty patients were attending Oral Medicine Clinic. Figure (1) shows that predominant age was (21-30) years old that came to the clinic. (165 of 460 patients) (35.9%), in which the females were the prominent attendants, the reverse was true in youngest and oldest age groups.

My research demonstrated that of 460 patients (404) attendants came to the clinic because of pain as chief compliant (87.8%). The remainders: 20 patients (4.3%) came for aesthetic reasons such as crown and bridge replacement, broken tooth, crown, bridge and displaced tooth, and attrition, 15 patients (3.2%) came for local mass interference with oral functional activities and painless oral lesions. Finally, those who visited the clinic for other reason like halitosis, denture interference, defect filling, and clicking (21 patients) (4.56%).

Regarding orofacial pain, figure (2) shows that (344) patients of (404) orofacial pain were complaining of dental pain, pain and swelling (85%), followed by group two complainers (38) patients (9.4%) whereas those of third group complainers comprise (22) patients (5.5%), the 21-30 years old was the prominent age group among other age group, skewed sex distribution for females were found in group one and group two complainers (figure 3).

The patient's accuracy in identifying the source of pain is demonstrated in table (1) and figure (4, 5, and 6). 273 (79.3%) patients of 344 group one complainer had a real problem in their teeth and periodontium. Whereas others (71 patients) 20.6% were complaining of non-dental origin (table 1 and figure 3). The most common cause of dental and periodontal pain was infection 244 of 273 patients (79.3%), see table (2).

Figure (5) shows the source of pain in the second group complainers, it was found that 38 patients (86.8%) had TMJ disorders (either in the muscles of mastication or in the joints proper in both). Only 5 (13%) patients of 38 patients were found to have atypical facial pain with underlying psychological disease and pain of dental origin respectively. On diagnosis of (22) patients third group, figure (6) exhibits that 15 patients had oral lesion, 3 patients had systemic disease, 4 patients of these complainers had been presented with local factor alone.

Discussion

The Oral Medicine Clinic accepts patients who have acute and chronic orofacial pain and those patients who need emergency services. They were received after they had been examined in Oral Medicine Clinic. The services which had been performed to these patients were of flat fee.

The 21-30 years old was the predominant age group who were attending the Oral Medicine Clinic. Female predominance was found in all age groups; except in oldest and youngest age groups. Iraqi attendance in this study was compatible with that among patients in Tanzania [5, 6]. The most common complaint of patients who are referred to Oral Medicine Clinic was pain; this finding is in agreement with other studies [5, 6, 7, 8, 9].

The most common type of orofacial pain was dental pain and swelling (85.1%). This type of pain was found diagnosis to be mostly of dental origin (79.3%); the prominent etiology was infection (89.3%). These finding complies with that of [6, 7, 8, 10]; the first group complainers of this study was within dental emergency group as reported by [6, 17] except 12 patients were not in this group (those with defect fillings). Seems to cite the greater attendance of first group complainers as compared with second and third group complaints, since the acute nature of pain is the diagnostic value for attending the Oral Medicine Clinic.

The skewed sex distribution of the complaints in group one and group two complainer for females is in consistent with finding of other Iraqi studies which had been carried by Ban [6], Al-Rawi[9] and

Hussein [12], and with other studies [13]. The female preponderance might be attributed to psychological, physical and structural difference [14, 15].

The 21-30 years old first group complainers was found to be the prominent age group with non-skewed sex distribution, which is in consistent with finding of (5) however the prominent sex distribution had been recorded in their study. The second group complainers in 21-30 years old was found the prominent attendants among other age group with skewed sex distribution for females; this finding is compatible with that performed by [6]. In third group complainer, the majority of patients were in 21-30 years old with skewed sex distribution for males; however the majority of the affected patients in other studies were those over 50 years of age and females [3].

Regarding source of pain, second group complainers the demand for treatment of their complaint was nearly similar to the estimated need i. e.; (86.9%) of those patients were found to have a real problem in TMJ or in masticatory muscle or both. This increase in demands is geometrically proportional to the effort of services applied on oral medicine clinic in which the treatment and follow up of TMJ disorders is part of its work requirement the consistency between

the demands and needs might reflect. The increase in public and professional awareness about quite accurate in their perception.

Finally, first group complainers was found to be relatively less accurate in their perception (79.3%) compared with second and third group complainers. This could be attributed to acute character of pain. This finding suggest that an accurate diagnosis of chief complaint is mandatory before treatment can be commenced.

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Table (1): Source of pain in 344 group one complainers.

Source	No. of patients	%	
Teeth	213	61.2%	79.3%
Periodontal problems	60	17.44%	
Soft tissue lesions	35	10.17%	
Muscle or TMJ pain	24	7.5%	
Bony fractures	1	0.5%	
Atypical facial pain	5	1.14%	
Neuralgia	6	1.3%	
Total	344	100%	

Table (2): Diagnosis of dental condition arising from teeth and periodontal in (273) patients.

Source	No. of patients	%
Pulpits	172	63%
Periapical abscesses	30	10.9%
Defect fillings	12	4.4%
Over hang fillings	9	3.2%
Dry sockets	9	3.2%
Gingival periodontal abscesses	20	7.3%
Pericorontis	6	2.19%
Retained roots	7	2.6%
Impaction	9	3.2%
Total	273	100%

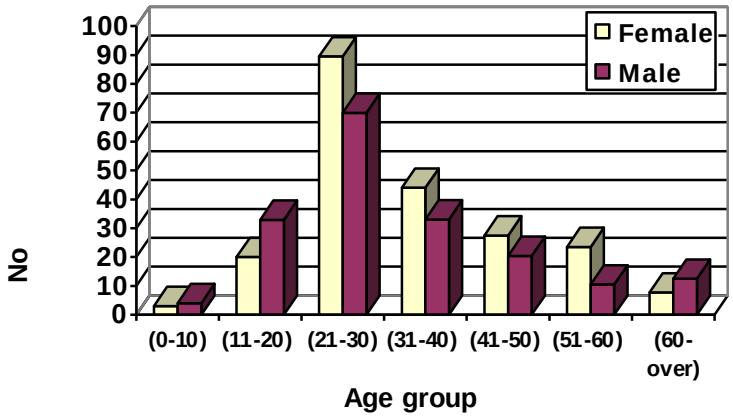


Figure (1): Age and sex frequency distribution of 460 patients attending Oral Medicine Clinic.

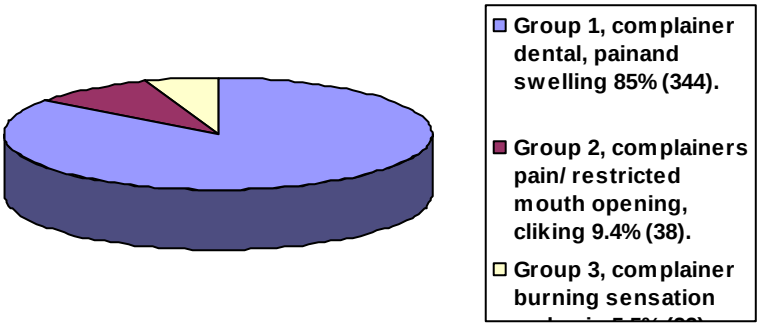
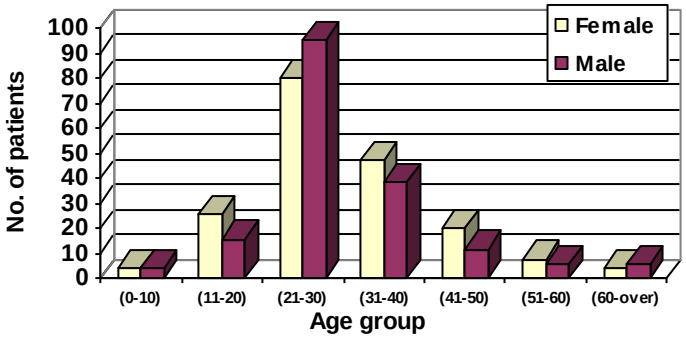
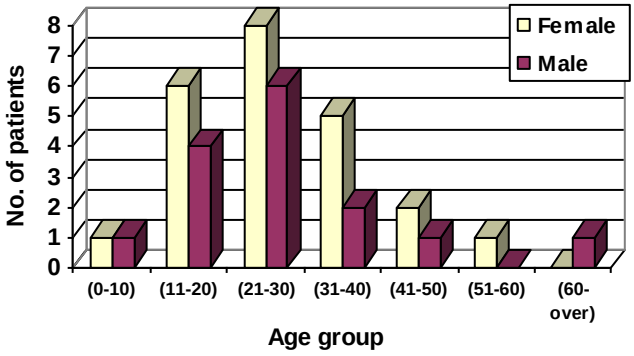


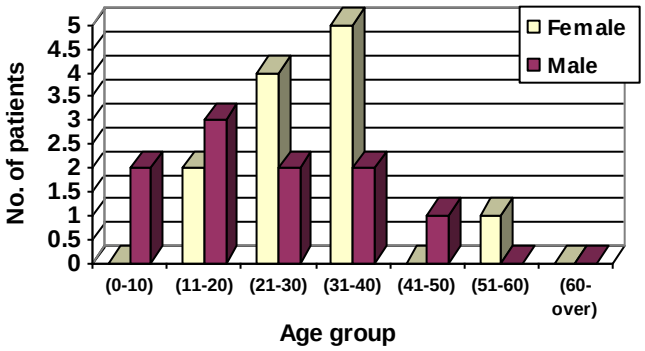
Figure (2): Distribution of 404 patients according to orofacial pain complaints.



Group (1) complainers: Dental pain, pain and swelling.



Group (2) complainers: Pain/ restricted mouth opening clicking, fatigue.



Group (3) complainers: Burning sensation pain.

Figure (3): Age and sex distribution of 404 patients according to orofacial pain complainers.

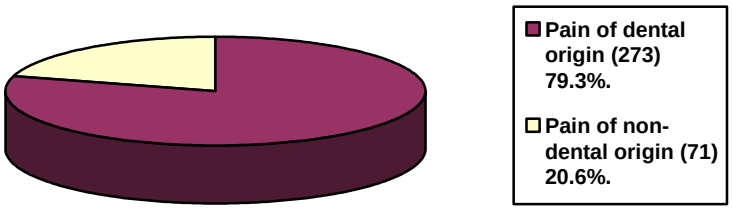


Figure (4): Group (1) complainers.

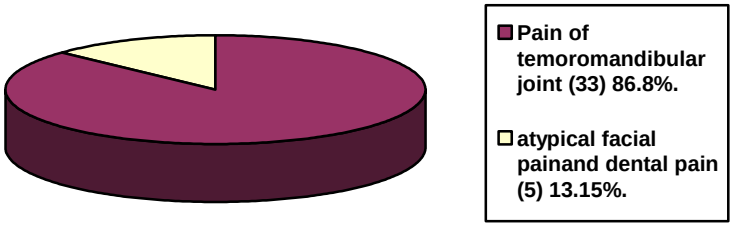


Figure (5): Group (2) complainers.

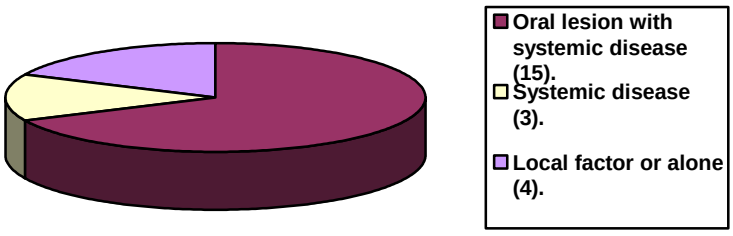


Figure (6): Group (3) complainers.